



**Washington State  
Department of Transportation**

Please complete this Notice of Mailing Address and return with the executed copies of the Contract and Bond documents to:

**Notice of Mailing Address**

Department of Transportation  
Contract Payment Section  
310 Maple Park Avenue SE  
PO Box 47420  
Olympia, WA 98504-7420

**To:** Company Name and Address

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|---------------|
| Contract No.  |
| Project Title |

|  |                                  |                             |
|--|----------------------------------|-----------------------------|
| Phone No.  | Fax No.                          | E-Mail                      |
| Federal Employer ID No. (IRS)  | Industrial Insurance Account No. | Excise Tax Registration No. |
| Is your business: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation Please complete and return the attached W-9 form. |                                  |                             |

**Correspondence Address:** Check the box next to the appropriate delivery address for receipt of **correspondence**.

☐ Physical Address ☐ Postal Delivery Address (If different from physical address)

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**Payment Address:** Indicate appropriate delivery address for **payment disbursement**.

☐ Physical Address (listed above) ☐ Other (specify): ☐ Postal Delivery Address (listed above)

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**Payment Delivery Method:** (Indicate preferred method of delivery)

- ☐ **Pick up warrant** at the Department of Transportation by Contractor's Representative having the proper ID and Letter of Authority signed by the Principal.
- ☐ **First Class Mail** - One to three day delivery service is standard depending upon the distance from the senders. There is no guarantee of delivery date.
- ☐ **USPS Priority Mail** - No guarantee of delivery date. Next day or two day delivery service is standard.
- ☐ **USPS Express Mail - Prepaid Delivery** - Guaranteed next day delivery to Post Office Boxes by 10:30 AM or to street addresses by 3:00 PM. Please provide your corporate account no. \_\_\_\_\_

**Retainage Options** (Check One):

- ☐ **Retainage Bond** - Check if you wish to exercise the option to submit a **retainage bond** as provided for in RCW 60.28. A retainage bond will be forwarded to your firm for execution.
- ☐ **Retainage held in Escrow** - Check if you wish to exercise the option to have your retained percentage placed in **escrow** as provided for in RCW 60.28. Please indicate the name and address of the bank or trust company in the space below.

|  |                     |
|--|---------------------|
|  | Bank Phone          |
|  | Bank Contact Person |

☐ Check if you **do not wish to exercise either option**. Retainage will be held by WSDOT.